TRICARE Pharmacy Program Medical Necessity Form for Aciphex, Dexilant/Kapidex, Prevacid, Protonix, and Zegerid

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This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- Proton pump inhibitors (PPIs) on the DoD Uniform Formulary include omeprazole and esomeprazole (Nexium), both of which are available at a $3 cost share. **Aciphex, Dexilant** *[formerly named **Kapidex**]***, Prevacid, Protonix, and Zegerid are non-formulary, but available to many beneficiaries at a $22 cost share**. Please note that step therapy/prior authorization requirements (PA) apply to all non-formulary PPIs. PA forms are available on the TRICARE Pharmacy website at http://pec.ha.osd.mil/forms_criteria.php. This form may NOT be used to meet step therapy/PA requirements.
- The purpose of this form is to provide information that will be used to determine if the use of a non-formulary PPI instead of either of the formulary PPIs is medically necessary. If a non-formulary PPI is determined to be medically necessary AND the non-Active duty beneficiary has met step therapy/PA requirements, it will be available at the $9 formulary cost share rather than the $22 non-formulary cost share.
- TRICARE will not cover a non-formulary PPI for Active duty service members unless it is determined to be medically necessary instead of a formulary PPI AND the patient has met step therapy/PA requirements, in which case it will be available at no cost share.

MAIL ORDER and RETAIL	• The provider may **call**: **1-866-684-4488** or the completed form may be **faxed** to: **1-866-684-4477** • The patient may attach the completed form to the prescription and **mail** it to: **Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954** or **email** the form only to: **TpharmPA@express-scripts.com**	MTF	• Non-formulary medications are available at MTFs only if **both** of the following are met: ○ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF. ○ The non-formulary medication is determined to be medically necessary. • Please contact your local MTF for more information. There are no cost shares at MTFs.

Step 1 **Please complete patient and physician information** (please print)

Patient Name: _____ Physician Name: _____

Address: _____ Address: _____

_____ _____

Sponsor ID# _____ Phone #: _____

Date of Birth: Secure Fax #:

Step 2

1. Please indicate which medication is being prescribed:

□ Aciphex (rabeprazole)
□ Dexilant *[formerly named **Kapidex**]* (dexlansoprazole)
□ Prevacid (lansoprazole)
□ Protonix (pantoprazole)
□ Zegerid (omeprazole/sodium bicarbonate)

2. Please explain why the patient cannot be treated with a formulary alternative: omeprazole, esomeprazole (Nexium).

Please indicate which of the reasons below (1-4) applies to each of the formulary PPIs listed in the table. You MUST circle a reason AND supply a specific written clinical explanation for EACH formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Omeprazole	1 2 3 4	
Esomeprazole (Nexium)	1 2 3 4	

1. Use of the formulary alternative is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced significant adverse effects from the formulary alternative.
3. Use of the formulary alternative has resulted in therapeutic failure.
4. **Prevacid only** – The patient is younger than 12 years of age.

Step 3 **I certify that the above is correct to the best of my knowledge** (Please sign and date):

_____ _____

Prescriber Signature Date

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